

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90006 040 \*\*\*158.75

**DOCUMENT # S90406**

1. Entity Name  
**MIAMI GALAXY CORP.**



Principal Place of Business  
**2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145**

Mailing Address  
**2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145**

**40058235**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**65-0293261**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FLORIDA ANNUAL REPORT SERVICES INC.  
 2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, RAUL	
STREET ADDRESS	4254 SW 95 TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, AMELIA	
STREET ADDRESS	4254 SW 95 TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ANDRADE, LUIS	
STREET ADDRESS	13503 SW 22 TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDRADE, NANCY	
STREET ADDRESS	13503 SW 22 TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDRADE, NANCY	
STREET ADDRESS	13503 22 TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: Raul Garcia  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08 305-852-0056  
 Date Daytime Phone #

*Raul Garcia*